



PRELIMINARY REPORT OF ALLEGED CHILD ABUSE OR NEGLECT

State Form 114 (R9 / 1-06) / CW 0310

Preliminary Report of Alleged Child Abuse or Neglect: In compliance with Indiana Public Law 276, Acts of 1979, IC 31-33-18, the information provided upon completion of this form will be treated as a CONFIDENTIAL RECORD.

Family surname	Name of county	
Date of report (month, day, year)	Name of complainant (and Title / Agency, if applicable)	Relationship to child
Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Address (number and street, city, state, and ZIP code)	Telephone number ()

PARENT / GUARDIAN INFORMATION

NAME	ROLE	DOB	AGE	SEX	RACE*	HISPANIC ORIGIN	ADDRESS (street, city, county, state, and ZIP code)	TELEPHONE NO.
	<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved					<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved					<input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME OF CHILDREN		DOB	AGE	SEX	RACE*	HISPANIC ORIGIN	CURRENT LOCATION (if other than home)	
A						<input type="checkbox"/> Yes <input type="checkbox"/> No		
B						<input type="checkbox"/> Yes <input type="checkbox"/> No		
C						<input type="checkbox"/> Yes <input type="checkbox"/> No		
D						<input type="checkbox"/> Yes <input type="checkbox"/> No		
E						<input type="checkbox"/> Yes <input type="checkbox"/> No		
F						<input type="checkbox"/> Yes <input type="checkbox"/> No		

ALLEGED PERPETRATOR (if other than parent / guardian)

NAME	DOB	AGE	SEX	RACE*	HISPANIC ORIGIN	ADDRESS (street, city, county, state, and ZIP code)	TELEPHONE NO.	REL. TO CHILD
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			

OTHER PERSON RESPONSIBLE FOR CHILD(REN)

NAME	DOB	AGE	SEX	RACE*	HISPANIC ORIGIN	ADDRESS (street, city, county, state, and ZIP code)	TELEPHONE NO.	REL. TO CHILD
					<input type="checkbox"/> Yes <input type="checkbox"/> No			

* See race codes on reverse side of this form.

NATURE OF COMPLAINT

Is the child in imminent danger of serious bodily harm? Yes No If Yes, state why: _____ Request the nature and extent of injury or neglect; if abuse, request where and when the abuse occurred and what part of the body was injured.

Address directions:	Worker safety factors:	
Report completed by (name typed or printed)	Title	
Signature	Agency or local DCS office	Date (month, day, year)
Report assigned to:	Date (month, day, year)	

RACE CODES

(AI) American Indian or Alaskan Native *(Having origins in any of the original peoples of North, Central or South America)*

(A) Asian *(Having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent)*

(B) Black or African American *(Having origins in any of the black racial groups of Africa)*

(NH) Native Hawaiian or Other Pacific Islander *(Having origins in any of the original peoples of Hawaii, Guam, Samoa or the Pacific Islands)*

(W) White *(Having origins in any of the original peoples of Europe, the Middle East, North Africa)*

(U) Unable to Determine *[Choose only when client refuses or is unable to identify race(s)]*